Divisions of Family Practice
A GPSC initiative

Ridge Meadows Division Maternity Care Case Study

Managed a loss of funding for a maternity care program

Division Features

Incorporated: October 2010
Urban, Suburban, Rural: Suburban
Board members: 8
Members: 80
Employees: 0
Contractors: 21

- Division director
- Administrative assistant

Overview

Until March 2012, Ridge Meadows Maternity Clinic received funding from the DoD (Doctor of the Day) program which enabled them to provide care to maternity patients requesting delivery at Ridge meadows Hospital. This funding was received for over six years, predating the formation of the Ridge Meadows Division of Family Practice and benefitted physicians treating pregnant women at the Ridge Meadows Maternity Clinic, a focal point of Ridge Meadows' obstetric care community.

To take on maternity patients that were not their own and to care for them through the six-week post-partum period, through DoD funding, Family Physicians were given a one-time stipend to cover staff, administrative and other operational costs associated with maternity services at the clinic and at Ridge Meadows Hospital.

When the DoD program stopped, the maternity clinic was seriously impacted. The division staff and board knew the clinic was important to the communities it served and division members agreed that the clinic was, in many ways, critical to the care of maternity patients and their babies.

Consequently, the division's Collaborative Services Committee began talks about how to recover the lost funding and keep the maternity clinic operational.

Need

The funding cuts had the most direct impact on the maternity clinic's administrative and operational elements, particularly the salaries of MOAs (Medical Office Assistants). In pointing out the critical need met by this administrative support network, division board member and lead physician Dr. Ken Burns said, "without our administrative support team in place, our maternity clinic would close."

The clinic also meets other community needs such as offering weekly pre-natal classes, post-

partum care and attachment services. These services and others make it a much-needed and relied upon part of the community. While the clinic does not offer mental health care, the clinic's staff often act as willing and helpful facilitators for patients in this highly sensitive area.

Dr. Burns said, "post-partum depression is a significant condition and it can be difficult to get psychiatric services, yet our clinic staff are great at helping patients to find care. Our region also has a higher than average concentration of mothers that either are or were using drugs, and clinic staff also help these high-risk patients get support. This so-called 'fringe population' needs a place it can go, a place where patients know they will be accepted, so this is yet another need met by our clinic."

Challenges

There was one major challenge the division had to face. While the Fraser Health Authority would continue to pay the lease on the office space that housed the maternity clinic, the $50,000 in annual support that had come to the maternity clinic from the DoD program had to be replaced. (The funding had previously come through the Surgical budget but was no longer available; nor was there room in the Maternity budget to cover this expense.)

Solutions

After meetings with division board, staff and members, as well as the Provincial Divisions Office (PDO), the division decided to go outside the usual health sector channels and seek support from their community. Not financial support, in this case, but moral support, albeit with a financial end in mind: they would reach out to politicians including mayors, municipal councillors, MLAs and others in an attempt to leverage any relationships that might help restore funding for the clinic.

The path chosen by the division, said Dr. Burns, was to keep a "positive and constructive attitude" as opposed to "complaining to the press about government cutbacks."

Dr. Burns cited the PDO as being very helpful with the process. In particular, physician engagement lead Jim Mactier is described by Dr. Burns as a "guiding light". And while Dr. Burns mentions that many from the PDO helped with their community engagement initiative, he often saw Jim Mactier at Collaborative Services Committee meetings, where they would speak at length about the maternity clinic issue.

"Jim was there to hold our hand during the early stages and he continues to be there. He has been very helpful and has given us some great advice," said Dr. Burns. " Mylo Riley, Sue Davis, Brian Evoy... everyone at Provincial Divisions Office has helped us at one stage or another."

To connect with community decision-makers, the division wrote a Case for Support that outlined the maternity clinic's needs and its importance to the community; asked local politicians who had taken up their cause to write letters of support on their behalf; and Division director Treena Innis leveraged her membership in the municipality's Social Planning Advisory Committee to foster relationships with community decision-makers.

The community-leveraging support proved highly effective.

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After speaking with Dr. Burns, for example, the Mayor of Maple Ridge requested a meeting with the Health Minister to inform her of the situation at the clinic. This connection, according to Dr. Burns, was "a key piece of the puzzle." The Health Minister visited the Maternity Clinic in person and, subsequently, asked the Fraser Health Authority (FHA) to look more closely at the clinic's funding needs. The FHA, now seeing more clearly that the clinic was a focal point of the region and an institution that had passionate community support, provided 30 per cent of the funds that had been cut. This bought the Ridge Meadows team valuable time and enabled the clinic to continue at its normal operational capacity until April 2013.

"This is an example of funding that would not have materialized without our having reached out to our community," said Dr. Burns. "Using their own connections, these community representatives then took it upon themselves to take our cause to the next level with great results."

Results and Lessons Learned

The key learning of this strategy was the importance of engaging the division's community as it may be surprising how much support may be found there.

"We discovered that we had advocates for the maternity clinic right in our own backyard and we will continue to foster these relationships," said Treena Innis. "Even in terms of future projects and initiatives, these relationships will be valuable. They will be key sources of support for our division and for patients."

Dr. Burns went on to explain the importance of timing and leveraging existing relationships to develop new ones.

"Around this time we were also speaking with community leaders about the Nurse Practitioners Proposal so we took advantage of the opportunity to let everyone know about the maternity clinic. As a result, the Minister of Health asked us for a meeting. So here we learned that our efforts to simply inform people, to simply pick up the phone and make a few calls, were clearly having an impact and key people wanted to learn more."

Treena Innis also noted that "above and beyond our community engagement approach, a big lesson we'd share with other divisions would be, 'don't make assumptions around funding.' With government funding, of course, we all know cutbacks occur. But when our maternity clinic experienced this funding cut, the clinic was just so important that we may have assumed we'd be able to quickly find funding to replace it, but of course, that was not the case. So divisions need to be prepared for these various funding scenarios."

Dr. Burns added "what we really learned through all of this is the number of amazing people we have around us. Getting to know all these people was huge. A calm and respectful approach, not a negative one, is the approach we took, built around fostering relationships in our own community. For us, that approach has been working."